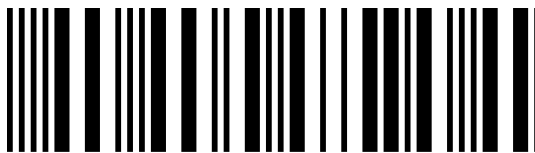


# 2000 Form

## 500EZ (Rev. 1/01)

GEORGIA SHORT  
INCOME TAX RETURN  
SINGLE FULL-YEAR RESIDENT  
FILERS WITH NO DEPENDENTS  
OR ADDITIONAL EXEMPTIONS



0000210311

USE GEORGIA LABEL IF CORRECT, OTHERWISE PRINT OR TYPE

DEPARTMENT USE ONLY

☐ Check box if you are using a  
Software Program **OR** if you do  
not want a booklet next year.

**USE BLACK INK ONLY**

Change  
Of  
Address

☐

YOUR FIRST NAME

INITIAL YOUR SOCIAL SECURITY NUMBER

YOUR LAST NAME

SUFFIX

ADDRESS LINE 1

ADDRESS LINE 2 OR APARTMENT NUMBER

CITY

STATE

ZIP CODE

COUNTRY IF FOREIGN

DEPARTMENT USE ONLY

Del.

Ext.

Misc.

USE THIS FORM ONLY IF YOU MEET CONDITIONS LISTED IN BOX IN LOWER LEFT CORNER  
IN BOXES BELOW, ENTER EACH NUMBER WITH CENTS AND NO COMMAS

ATTACH GEORGIA COPY OF WITHHOLDING STATEMENT(S) HERE.  
ALSO, IF TAX IS DUE, ATTACH CHECK ON TOP OF W-2 FORMS.

1	Write the Federal Adjusted Gross Income, from Federal Form 1040EZ, 1040, or 1040A (Cannot exceed \$99,999 to use this form).....	1 ➤ \$	
<b>Be sure to use Federal Adjusted Gross Income NOT Federal Taxable Income on Line 1 above</b>			
2	Find the tax on the amount on Line 1. Use the tax table on Page 2, EZ Form.....	2 ➤ \$	
3	Georgia income tax withheld (Attach withholding statement(s) to left side of form as requested).....	3 ➤ \$	
4	If Line 2 is larger than Line 3, subtract Line 3 from Line 2. THIS IS THE AMOUNT OF TAX YOU OWE.....	4 ➤ \$	
5	If Line 3 is larger than Line 2, subtract Line 2 from Line 3. THIS IS THE AMOUNT OF YOUR OVERPAYMENT.....	5 ➤ \$	
6	Georgia Wildlife Conservation Fund (No gift less than \$1.00).....	6 ➤ \$	
7	Georgia Children and Elderly Fund (No gift less than \$1.00).....	7 ➤ \$	
8	Georgia Cancer Research Fund (No gift less than \$1.00).....	8 ➤ \$	
9	Add Line 6, Line 7 and Line 8 and enter total here.....	9 \$	
10	Add Line 4 and Line 9. Make check for this amount payable to GEORGIA INCOME TAX DIVISION.....	10 \$	
STATE USE ONLY ➤			
11	Subtract Line 9 from Line 5. THIS IS YOUR NET REFUND.....	11 \$	

Under penalty of perjury, I declare that I examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete.

Sign Your Return ➤	Signature	Date	Phone Number Daytime
	Signature Of Preparer If Other Than Taxpayer	Date	Identification Number of Preparer

Georgia Public Revenue Code Section 48-2-31 requires that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

### YOU MAY USE FORM 500EZ IF:

1. Your filing status is single.
2. Your income does not exceed \$99,999.
3. You are a full-year Georgia resident.
4. You do not claim any dependents.
5. You do not itemize deductions.
6. You are not 65 or over, or blind.
7. You had wages, salaries, tips, dividends and interest income only.
8. You do not have any credits except tax withheld.
9. You do not have any adjustments to Federal Adjusted Gross Income.
10. You do not qualify for the Low Income Tax Credit.

Address: Georgia Income Tax Division  
P.O. BOX 740380  
Atlanta, Georgia 30374-0380

### COMPLETING YOUR RETURN

1. Use label only if correct. If not, mark the change of address box, then print or type name, address and social security number.
2. Keep numbers inside boxes.
3. Do not use dollar signs.
4. Do not attach a copy of your federal return.
5. The standard deduction and personal exemption are computed in the tax table.